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## WALL LICENSE LOCATION FORM (\$50 Fee per Wall License)

Please use multiple forms if you are requesting action be taken on more than one place of practice and include a check or money order for \$50 per wall license registration/ renewal/ replacement. Please return your wall license with this form when requesting cancellation. No fee is required for cancellations. You may also visit our website and use your online account for a quicker and easier way to complete this form.

LICESEE INFORMATION				
<b>NAME</b>	Last	First	Middle	<b>LICENSE NUMBER</b>
<b>EMAIL:</b>		<b>PHONE NUMBER:</b>		
<input type="checkbox"/> <b>I DO NOT HAVE A PLACE OF PRACTICE IN CALIFORNIA (NO FEE IS REQUIRED)</b>				
PLACE OF PRACTICE (PoP) LOCATION - Required for practice locations in CA only				
<input type="checkbox"/> <b>REGISTRATION</b> <input type="checkbox"/> <b>RENEWAL</b> <input type="checkbox"/> <b>CANCELATION</b> <input type="checkbox"/> <b>REPLACEMENT</b>				
<b>PoP BUSINESS NAME</b>		<b>PoP EFFECTIVE/CANCELATION DATE</b>		<b>WALL LICENSE NO.</b> (N/A FOR REGISTRATIONS)
<b>PoP ADDRESS</b> Number and Street		<b>PoP PHONE NUMBER:</b>		
		<b>PoP EMAIL:</b>		
<b>PoP CITY</b>		<b>PoP STATE</b>	<b>PoP ZIP CODE</b>	
REASON FOR WALL LICENSE REPLACEMENT: (check one)				
<input type="checkbox"/> Damaged, lost or destroyed license <input type="checkbox"/> Never received license (no fee required)				
PERSONAL ATTESTATION				
<i>I declare under penalty of perjury under the laws of the State of California            that the foregoing information is true and correct.</i>				
Licensee Signature: _____ Date: _____				
FOR BOARD USE ONLY				
AMOUNT \$ _____ RECEIPT # _____ DATE _____				